

R35 - End Payer Relationship

1 General

Standards for messaging to and from Ministry of Health applications using HL7 are described in a series of business and technical volumes. Volumes 1, 2, 5, 6 and 7 are common for all application interfaces. Volumes 3 and 4 are customized to the requirements of particular business areas. This message specification is a component of Volume 4 – HL7 Message Specifications.

A catalogue of all supported messages and message interactions can be found in Volume 1.

All documentation is available on the *healthnetBC* web site <http://healthnet.hnet.bc.ca/catalogu/tech/compdocs.html>

1.1 Corrections and updates

Corrections and update notes can be found at the end of this document. A vertical line in the outside boarder denotes corrections within the document. ¹

1.2 R35 - Transaction Overview

This message is related to establishment and maintenance of insurance premium payment contracts.

This transaction is used to remove a person from an employer's MSP group account to terminate a payer relationship between an employer and an employee. If the employee has dependents, the dependents will be removed from the account as well.

The employer must only enter the identifier of the employee. The dependents will automatically be removed along with the employee.

2 Sending System

2.1 R35 - Processing Rules – Sending System

1. Plan Expiration Date (Coverage Cancel Date) on IN1 must:

- Greater than the Plan Effective Date (Coverage Effective Date) for this employee/dependent;
- Greater than the person’s birth date;
- Be the last day of the month; and
- Not be more than 14 months in the past or 12 months in the future.

2.2 R35 - Minimum Display/Print Standards – Sending System

For each submission of this transaction, an indication of success or failure must be either:

- Displayed to the user, if transaction submitted on-line, or
- Printed on a paper report or logged in a file, if transaction submitted in batch.

Success or failure can be determined by using the tests below:

- **Success** = MSA segment present and Acknowledgement Code on MSA = “AA” (application accept),
- **Failure** = no MSA segment or Acknowledgement Code on MSA not = “AA” (application accept). Acknowledgement Code may be “AE” (application error) or “AR” (application reject). See ‘MSA Segment in Volume 5 for more information on acknowledgement code use.

For a transaction failure

- The following data elements must be displayed to the user, reported or logged (see above):

Information Returned by <i>healthnetBC</i>	Mandatory Display	Display on First Screen?	Segment	Field
Text Message	Y	Y	MSA	Text Message (see segment for field decomposition rules)
All information, warning, error messages on ERR segment	Y	Y	ERR	Error Code and Location: Identifier of Code Identifying Error, Text of Code Identifying Error

For a transaction success

- The following data elements must be displayed to the user, reported or logged (see above):

Information Returned by <i>healthnetBC</i>	Mandatory Display	Display on First Screen?	Segment	Field
No additional data elements have been determined at this time.				

2.3 R35 - Transaction Summary - Sending System

The following specification illustrates the structure of the HL7 transaction.

{ } denotes one or more repetitions of the enclosed segment(s)

[] denotes that the enclosed segments are optional

Refer to 'Appendix A, *healthnetBC* Fixed Length Segment Definitions' for more details on each of the segment definitions.

Input Transaction (R35)

MSH	Message Header	Required
ZHD	<i>healthnetBC</i> Message Header	Required
PID	Person Identification	Required
IN1	Insurance	Required
ZIH	<i>healthnetBC</i> Insurance Extension	Required

2.4 R35 - Transaction Segments and Fields - Sending System

MSH		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R					"MSH"
1	Field Separator	R					" "
2	Encoding Characters	R					"^~\&"
3	Sending Application	R					<ul style="list-style-type: none"> Namespace ID (15) - Business application that originated the transaction; user defined/assigned
4	Sending Facility	R					<ul style="list-style-type: none"> Namespace ID (20) - Sending Network Facility ID; <i>healthnetBC</i> assigned
5	Receiving Application	R					<ul style="list-style-type: none"> Namespace ID (15) - Business application that will accept the transaction; valid value is "RAIEND-PYR-RL"
6	Receiving Facility	R					<ul style="list-style-type: none"> Namespace ID (20) - Receiving Network Facility ID; <i>healthnetBC</i> assigned
7	Date/Time of Message	R					Date/Time transaction was sent from sending system (24) - YYYYMMDDHHMMSS.SSSS+/-ZZZZ
8	Security	R					User ID that uniquely identifies sending system user (20)
9	Message Type	R					<ul style="list-style-type: none"> Message Type (3) - Transaction Identification; valid value is "R35" Trigger Event (3) – Not Supported ²
10	Message Control ID	R					Unique transaction number (20) - see MSH definition for more information
11	Processing ID	R					<ul style="list-style-type: none"> Processing ID (1) - valid values are "D", "E", "T", "P"
12	Version ID	R					HL7 version supported by <i>healthnetBC</i> (8) - valid value is "2.3"

ZHD		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R					"ZHD"
1	Business Event Date/Time	R					Date/Time business event occurred that "created" this transaction (19) - YYYYMMDDHHMMSS+/-ZZZZ
2	Business Organization	R			HNET :XON		Business organization that originated the transaction; <i>healthnetBC</i> assigned <ul style="list-style-type: none"> • Organization Name – Not Supported ³ • Organization Name Type code – Not Supported ID Number (20) - Organization ID; required
3	Business User Group	R					Service Permission Group that user belongs to (30)
7	Software Version Number	R					Latest version number of sending application software that has been compliance tested by <i>healthnetBC</i> (15)

PID		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"PID"
2	External Patient ID	R					Personal Health Number (PHN) ID (10) - Personal Health Number (PHN); required Namespace ID of Assigning Authority (5) - Identifier Issuing Jurisdiction; required; valid value is "BC" Identifier Type Code (2) - required; valid value is "PH"
3	<i>Patient ID – (Internal ID)</i>	-					<i>Not Supported</i> ²
5	<i>Patient Name</i>	-					<i>Not Supported</i> ²

IN1		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"IN1"
1	<i>Set ID – IN1</i>	-					<i>Not Supported</i> ²
2	<i>Insurance Plan ID</i>	-					<i>Not Supported</i> ²
3	<i>Insurance Company ID</i>	-					<i>Not Supported</i> ²
8	Group Number	R					Group Number (7)
13	Plan Expiration Date	R		1			Coverage Cancel Date (8)

ZIH		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"ZIH"
19	Payer Cancel Reason	R				HNET :9942	Payer Cancel Reason (1) - valid values are "K", "E" ⁴

3 Receiving System

3.1 R35 - Processing Rules – Receiving System

No Processing Rules have been defined at this time.

3.2 R35 - Transaction Summary – Receiving System

The following specification illustrates the structure of the HL7 transaction.

{ } denotes one or more repetitions of the enclosed segment(s)

[] denotes that the enclosed segments are optional

healthnetBC Refer to 'Appendix A, *healthnetBC* Fixed Length Segment Definitions' for more details on each of the segment definitions.

Output Transaction (R35)

MSH	Message Header	Required
MSA	Message Acknowledgement	Required
[{ ERR }]	Error	Optional, Repeats, minimum 0, maximum 10 ⁵

3.3 R35 - Transaction Segments and Fields - Receiving System

MSH	Required						
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment Id	R					"MSH"
1	Field Separator	R					" "
2	Encoding Characters	R					"^~\&"

MSH		Required					
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
3	Sending Application	R					= Receiving Application on MSH input, "HNCLIENT", "HNGATE" <ul style="list-style-type: none"> For more information on "HNCLIENT/HNGATE values, see 'No Response from the network' in Volume 5.
4	Sending Facility	R					= Receiving Facility on MSH input or Network Facility ID of HNCLIENT/HNGATE if Sending Application on MSH = "HNCLIENT" or "HNGATE". <ul style="list-style-type: none"> For more information on "HNCLIENT/HNGATE values, see 'No Response from the network' in Volume 5.
5	Receiving Application	R					= Sending Application on MSH input
6	Receiving Facility	R					= Sending Facility on MSH input
7	Date/Time of Message	R					Date/Time transaction was sent from receiving system (24) - YYYYMMDDHHMMSS.SSSS+/-ZZZZ
8	Security	O					= Security on MSH input
9	Message Type	R					<ul style="list-style-type: none"> Message Type (3) - Transaction Identification; valid values is "R35". Trigger Event (3) – Not Supported ² See also, 'No response from the Network' in Volume 5.
10	Message Control ID	R					Unique transaction number (20) - see MSH definition for more information
11	Processing ID	R					= Processing ID on MSH input
12	Version ID	R					= Version ID on MSH input

MSA	Required						
Seq	Field	Req/ Opt	# of Reps	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"MSA"
1	Acknowledgement Code	R					Indication of success/failure of transaction (2) - valid values are "AA", "AE", "AR"; receiving applications will set "AA" for successful completion and "AE" for application errors; "AR" is set by the infrastructure for invalid transactions or transactions that cannot make it through to the receiving application.
2	Message Control ID	R					= Message Control ID on MSH input (20)
3	Text Message	R					Error code (8) + English message text (72) - Format of error code is AMMMnnnZ where A is an application identifier, MMM is a module or sub-system identifier, nnn is a sequential number and Z is either "E" = error, "W" = warning, "I" = Information

ERR	Optional, Repeats - minimum 0, maximum 10 ⁵						
Seq	Field	Req/ Opt	# of Repeats	Proc Rule	Data Type	Table	Field Notes
-	Segment ID	R					"ERR"
1	Error Code and Location	R	1-1				Refer to 'Error Handling' in Volume 5 for more information on error message formats. <ul style="list-style-type: none"> • Segment ID (3) – optional; segment where error occurred • Sequence (4) – optional; occurrence of segment in transaction where error occurred • Field Position (4) – optional; field in segment where error occurred • Identifier of Code Identifying Error (8) – Message Number; required; reference table HNET:9000 for valid values; ERR segments are returned in "E", "W", "I" order • Text of Code Identifying Error (72) – Message Text; required • Alternate Identifier of Code Identifying Error (15) – Alternate Message Number; optional; must be logged if present in transaction • Alternate Text of Code Identifying Error (255) – Alternate Message Text; optional; must be logged if present in transaction • Name of Alternate Coding System of Code Identifying Error (8) – optional; name of system that generated Alternate Identifier of Code Identifying Error

DOCUMENT MODIFICATION HISTORY		
VERSION	RELEASE DATE	DESCRIPTION
2.0	September 1999	Original single document
3.0	February 2003	<ul style="list-style-type: none"> New Payer cancel code 'E' added for ZIH.19. This version was not published
3.1	January 9, 2004	<ul style="list-style-type: none"> Message specification published as separate document. Added 'General Introduction' Added reference 'Data Type' and 'Table' columns into segment tables Corrections to previously published specification, as described below. Unless otherwise noted, these corrections do not reflect changes to the supported message specification. (New and superseded messages are described in Volume 1.) Message components or vocabulary marked for future release (from version 2.0) have either been removed entirely or marked as Not Supported. Any substantive changes to these specifications in future will be released as new messages in order to provide for backward compatibility

Corrections and Update Notes

¹ 02/Nov/27 – example of correction

² This HL7 required component is not supported for this message

³ Not Supported' components added for complex datatype to clarify the component structure. No functional change.

⁴ For version 3.0 added new Payer cancel reason code 'E'.

⁵ Minimum cardinality on ERR segment corrected to read 0, instead of 1. This optional segment may not be present in some messages